

**HOUSING FOR PUBLIC SCHOOL EMPLOYEES, CITY EMPLOYEES AND CHILDCARE
TEACHERS (HPCC)**

DOWN PAYMENT ASSISTANCE LOAN PROGRAM

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT

CONSUMER INFORMATION			
NAME:			SS#
First	M.I.	Last	SS#
NAME:			
First	M.I.	Last	

PRESENT ADDRESS	IF LESS THAN 2 YEARS

PURPOSE FOR CREDIT INFORMATION

For obtaining lender (City of Sunnyvale's loan only) and program approval for the City of Sunnyvale's Down Payment Assistance Loan Program. This report is for pre-qualification purposes only. A lender prior to final loan approval may require a more extensive report. The undersigned grant permission to pass pertinent information to any parties involved in this transaction.

CONSUMER AUTHORIZATION

I/We hereby authorize City of Sunnyvale to obtain a Consumer Credit Report for the purpose indicated above and authorize its release as above.

X _____
Signature

X _____
Signature

Date: _____

Date: _____